FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission Washington, DC 20549

1460183 **OMD APPROVAL**

OMD Number: 3235-0076 Expires: March 31, 2009

Estimated average burden hours

per response: 00.40

(See instructions beginning on page 5)

Intentional misstatements Item 1. Issuer's Identity	or omissions of fact constitu	ite federal criminal violatio	ns. See 18 U.S.C. 1001.
Name of Issuer			
EJF Investment Grade Fund, L.P.	Previous Name(s) ☑ None		Entity Type (Select one)
Jurisdiction of Incorporation/Organization			☑ Limited Partnership ☐ Limited Liability Company
DE			☐ General Partnership
Year of Incorporation/Organization			☐ Business Trust☐ Other (Specify)
Select one)			- Cuter (Openly)
☐ Over Five Years Ago ☑ Within Last Five		☐ Yet to Be Formed	
ff more than one issuer is filing this notice, check th	(specify year) is box □ and identify addition	al issuer(s) by attaching iten	ns 1 and 2 Continuation Page(s).)
tem 2. Principal Place of Business ar	nd Contact Informatio	n	
Street Address 1		Street Address 2	
2107 Wilson Blvd.		#410	
City	State/Province/Country	ZIP/Postal Code	9036632
Arlington	VA	22201	(703) 875-0591
tem 3. Related Persons			
ast Name		First Name	Middle Name
EJF Investment Grade GP, LLC (the Issue	r's General Partner)		
Street Address 1		Street Address 2	
2107 Wilson Blvd.		#410	
City	State/Province/Country	ZIP/Postal Code	Phone No.
Arlington	VA	22201	(703) 875-0591
Relationship(s): Executive Officer	☐ Director	☑ Promoter*	L
Clarification of Response (if necessary): *General			
<i>(Identify ad</i> tem 4. Industry Group (Select one)	lditional related persons by	y checking this box ☑ an	nd attaching Item 3 Continuation Page(s).)
□ Agriculture	□ Business Service	es í	□ Manufacturing
Banking and Financial Services	Energy		Manufacturing Real Estate
☐ Commercial Banking	☐ Electric Utilities		☐ Commercial
☐ Insurance ☐ Investing	☐ Energy Conser		☐ Construction ☐ REITS & Finance
☐ Investment Banking	☐ Coal Mining		□ Residential
☑ Pooled Investment Fund If selecting this industry group, also	•	Services	Other Real Estate
select one fund type below and	C Oil & Coo		□ Retailing
answer the question below:	☐ Oil & Gas	[□ Restaurants Ship < Uno
☐ Hedge Fund ☐ Private Equity			Technology
Venture Capital Fund	Health Care		☐ Computers ☐ Telecommunications
☑ Other Investment Fund Is the issuer registered as an	☐ Biotechnology		☐ Other Technology
investment company under the	☐ Health Insurance	•	i ravei
Investment Company Act of	☐ Hospitals & Ph		☐ Airlines & Airports ☐ Lodging & Conventions
1940? □ Yes ☑ No	☐ Pharmaceuticals		☐ Tourism & Travel Services
☐ Other Banking & Financial Services	□ Other Health C		☐ Other Travel
		[□ Other

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)		Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)	
□ No Revenues □ \$1 - \$1,000,000 □ \$1,000,001 - \$5,000,000 □ \$5,000,001 - \$25,000,000 □ \$25,000,001 - \$100,000,000 □ Over \$100,000,000 □ Decline to Disclose □ Not Applicable	OR	□ No Revenues □ \$1 - \$1,000,000 ☑ \$1,000,001 - \$5,000,000 □ \$5,000,001 - \$25,000,000 □ \$25,000,001 - \$100,000,000 □ Over \$100,000,000 □ Decline to Disclose □ Not Applicable	
Item 6. Federal Exemptions and Exclusions Cla	aimed (Sele	ct all that apply)	
	Investmen	t Company Act Section 3(c)	
□ Rule 504(b)(1) (not (i), (ii) or (iii)) □ Rule 504(b)(1)(i) □ Rule 504(b)(1)(ii) □ Rule 504(b)(1)(iii) □ Rule 505 ☑ Rule 506 □ Securities Act Section 4(6)	☐ Section☐	n 3(c)(2) □ Section 3(c)(10) n 3(c)(3) □ Section 3(c)(11) n 3(c)(4) □ Section 3(c)(12) n 3(c)(5) □ Section 3(c)(13) n 3(c)(6) □ Section 3(c)(14)	
Item 7. Type of Filing			
☑ New Notice OR ☐ Amendment			
Date of First Sale in this Offering: March 1, 2009		OR ☐ First Sale Yet to Occur	
Item 8. Duration of Offering			
Does the issuer intend this offering to last more than one year?	•	☑ Yes □ No	
Item 9. Type(s) of Securities Offered (Select all	that apply)		
☐ Equity ☐ Debt ☐ Option, Warrant or Other Right to Acquire Another Security ☐ Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	☐ Pooled Investment Fund Interests ☐ Tenant-in-Common Securities ☐ Mineral Property Securities ☑ Other (Describe) Limited Partnership Units		
Item 10. Business Combination Transaction			
Is this offering being made in connection with a business comb ☑ Yes ☑ No	ination transac	tion, such as a merger, acquisition or exchange offer?	

Minimum investment accepted from any outside investor \$ 0	
tem 12. Sales Compensation	
Recipient	Recipient CRD Number
NONE	□ No CRD Number
Associated) Broker or Dealer ☑ None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/Province/C	Country ZIP/Postal Code
States of Solicitation All States	
□al □ak □az □ar □ca □co	☐ CT ☐ DE ☐ DC ☐ FL ☐ GA ☐ HI ☐ ID
IIL IIN IIA IKS IKY ILA	☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ M
	□NY □NC □ND □OH □OK □OR □P
☐RI ☐SC ☐SD ☐TN ☐TX ☐UT	□VT □VA □WA □WV □WI □WY □PI
dentify additional person(s) being paid compensation by checking	this box □ and attaching Item 12 Continuation Page(s).)
tem 13. Offering and Sales Amounts	
a) Total Offering Amount \$	OR ☑ Indefinite
b) Total Amount Sold \$ 630,000	
c) Total Remaining to be Sold \$	OR ☑ Indefinite
(subtract (a) from (b))	
Clarification of Response (if necessary)	
tem 14. Investors	
theck this box ☐ if securities in the offering have been or may be s	sold to persons who do not qualify as accredited investors, and enter the number
uch non-accredited investors who already have invested in the offe	ering:
inter total number of investors who have already invested in the off	ffering: 7
tem 15. Sales Commissions and Finders' Fees Ex	
rovide separately the amounts of sales commissions and finders' for next to the amount.	fees expenses, if any. If an amount is not known, provide an estimate and che
Sa	cales Commissions \$ \text{D} \text{Estimate}
	_ "
F	Finders' Fees \$

Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.	\$ 0
Clarification of Response (if necessary)	
Signature and Submission	
Please verify the information you have entered and review the Terms of Sul	omission below before signing and submitting this notice.
Terms of Submission. In submitting this notice, each identified issuer is:	
written request, in accordance with applicable law, the information furnished Irrevocably appointing each of the Secretary of the SEC and the Swhich the issuer maintains its principal place of business and any State in with these persons may accept service on its behalf, of any notice, process registered or certified mail, in any Federal or state action, administrative projurisdiction of the United States, if the action, proceeding or arbitration (a) an subject of this notice, and (b) is founded, directly or indirectly, upon the provide Trust Indenture Act of 1939, the Investment Company Act of 1940, or the these statutes; or (ii) the laws of the State in which the issuer maintains its participal that, if the issuer is claiming a Rule 505 exemption, the stated in Rule 505(b)(2)(iii). *This undertaking does not affect any limits Section 102(a) of the National Section 10 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for purposes of NSMIA, whether in all instances or cannot routinely require offering materials under this undertaking or otherwise.	Securities Administrator or other legally designated officer of the State in which this notice is filed, as its agents for service of process, and agreeing or pleading, and further agreeing that such service may be made by ceeding, or arbitration brought against the issuer in any place subject to the rises out of any activity in connection with the offering of securities that is the isions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934 e Investment Advisers Act of 1940, or any rule or regulation under any of principal place of business or any State in which this notice is filed issuer is not disqualified from relying on Rule 505 for one of the reasons recurities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-re information. As a result, if the securities that are the subject of this Form I
to do so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contents to be true, and duly authorized person. (Check this box □ and attach Signature Continuation represented by signer below.)	
Issuer(s)	Name of Signer
EJF Investment Grade Fund, L.P.	Neal J. Wilson
Signature	Title
Heal J Wilm	Chief Operating Officer the Sole Managing Member of the Issuer's General Partner
Number of continuation pages attached:	Date
	March 17, 2009
Persons who respond to the collection of information contained in this form	are not required to respond unless the form displays a currently valid OMB

number.

Item 3 Continuation Page

Item 3. Related Person (Continued) Middle Name First Name Last Name **EJF Capital LLC** Street Address 1 Street Address 2 #410 2107 Wilson Blvd. ZIP/Postal Code State/Province/Country Phone No. City (703) 875-8366 22201 Arlington $\mathbf{V}\mathbf{A}$ Relationship(s): ☑ Executive Officer* □ Director □ Promoter Clarification of Response (if necessary): *Sole and Managing Member of the Issuer's General Partner Last Name First Name Middle Name J. Friedman **Emanuel** Street Address 1 Street Address 2 2107 Wilson Blvd. #410 State/Province/Country ZIP/Postal Code Phone No. (703) 875-8366 22201 Arlington ☐ Director ☑ Executive Officer* ☐ Promoter Relationship(s): Clarification of Response (if necessary): *of the Sole and Managing Member of the Issuer's General Partner Middle Name Last Name First Name Wilson Neal Street Address 2 Street Address 1 #410 2107 Wilson Blvd. City State/Province/Country ZIP/Postal Code Phone No. $\mathbf{V}\mathbf{A}$ 22201 (703) 875-8366 Arlington ☑ Executive Officer* □ Director □ Promoter Relationship(s): Clarification of Response (if necessary): *of the Sole and Managing Member of the Issuer's General Partner Last Name First Name Middle Name Street Address 1 Street Address 2 ZIP/Postal Code Phone No. City State/Province/Country ☐ Promoter □ Director Relationship(s): □ Executive Officer Clarification of Response (if necessary):